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AUTHOR Mancini, Jay A.
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ABSTRACT

Relationships between/among life satisfaction, leisure satisfaction, health satisfaction and self-rated health are examined among a random sample of 74 (58 females, 16 males) residents (median age 70, median income $2,500, in 1976) of public housing in North Carolina. Statistical treatment of the data indicates a positive and significant relationship between life satisfaction and leisure satisfaction, and some positive but not significant relationship between life satisfaction and health satisfaction. Satisfaction with use of leisure time is found to be the best predictor of life satisfaction, followed by self-rated health and health satisfaction, the latter supporting the findings of earlier research. Gender differences are suggested indicating that leisure time satisfaction is more important to life satisfaction among females than among males. (Author/SBP)

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A RESEARCH NOTE ON THE RELATIONSHIPS BETWEEN LIFE SATISFACTION, LEISURE SATISFACTION AND HEALTH SATISFACTION AMONG OLDER PUBLIC HOUSING RESIDENTS [1]

Jay A. Mancini, M.S. [2]

ABSTRACT

Relationships between life satisfaction, leisure satisfaction, health satisfaction and self-rated health were examined among a random sample of 74 older residents of high-rise, public housing apartments. The relationship between life satisfaction and leisure satisfaction was positive and significant, while the relationship between life satisfaction and health satisfaction was positive but not significant. The relationship between life satisfaction and self-rated health supports the findings of earlier research. There appear to be gender differences in these relationships. Leisure satisfaction was the best predictor of life satisfaction, followed by self-rated health and health satisfaction.

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2. Research Assistant, Department of Child Development and Family Relations, University of North Carolina at Greensboro, Greensboro, N.C. 27412.

A RESEARCH NOTE ON THE RELATIONSHIPS BETWEEN LIFE SATISFACTION, LEISURE SATISFACTION AND HEALTH SATISFACTION AMONG OLDER PUBLIC HOUSING RESIDENTS

In recent years, life satisfaction among older Americans has been the object of numerous research efforts. However, few studies have focused on potentially interrelated respondent estimates of satisfaction among various spheres of one's life. Too often, objective measures have been relied upon to the exclusion of the respondent's own definition of his life situation. The literature does indicate that self-estimates are very important, if not the most important indicator of life satisfaction among older people. Studies by Edwards and Klemmack (1973), Palmore and Luikart (1972), and Spreitzer and Snyder (1974) indicate that self-rated health, more so than a physician's health-rating, is a better predictor of life satisfaction. Unfortunately, other kinds of self-ratings have been largely absent from the literature. Implicit in this study is the Thomas' (1928) notion that the "definition of the situation is real in it's consequences." This study considers four such self-estimates and the relationships between them: life satisfaction, leisure satisfaction, health satisfaction and self-rated health.

Leisure satisfaction is a relevant point of study due to the fact that older Americans usually have a greater amount of "discretionary time" available to them. The literature clearly shows that total activity in and of itself does not correlate well with life satisfaction (Bull and Aucoin, 1975; Palmore and Luikart, 1972; Lemon and Bengston, 1972). Whereas leisure

activities per se may have no direct relation to life satisfaction, the degree to which one is satisfied with the way he uses his discretionary time should have a bearing.

Until now, the literature has not focused on health satisfaction among older people. As mentioned previously, several studies have used self-rated health, but the relationship between health ratings and health satisfaction is not known. Conceivably, one could be rating his health as low but be moderately satisfied with that level. In such an instance health satisfaction may be more important than self-rated health in accounting for life satisfaction.

The following data (1) describe the relationships between life satisfaction, leisure satisfaction, health satisfaction, and self-rated health and (2) depict the extent to which leisure satisfaction, health satisfaction and self-rated health contribute to life satisfaction. It was assumed that these variables influence each other and therefore, it was expected that a positive relationship exists between all of them.

METHODS

Respondents

A twenty-five percent, simple random sample was drawn of apartment units in two high-rise, public housing complexes for the elderly in Greensboro, North Carolina. This yielded a potential sample of 104 respondents. However, in several instances the potential respondent was too ill to be interviewed or, had died after the sample had been drawn. In most of the missing cases the resident was not at home when the interviewer visited (the interviewer attempted to contact the respondent three times).

Therefore, the sample size of the present study is 74 respondents; sixteen (22%) were males and 58 (78%) were females. These percentages are representative of the larger population of high-rise residents. The median age of the respondents was 70, median years of education was 6.8, and the median yearly income was about $2,500. Each respondent was interviewed individually, and each interview lasted about 30 minutes on the average.

Measures

A. Life Satisfaction (dependent variable)

Life satisfaction was measured by Cantril's Self-Anchoring Striving Scale (Cantril, 1965). Initially, each respondent was asked to "briefly describe your wishes and hopes for the future", and then to describe "what would be the most unhappy life for you." He was then shown a picture of a ten-rung ladder, numbered from zero, at the bottom, to nine, at the top. The interviewer stated, "Suppose that the top of the ladder represents the best possible life for you. Where on the ladder do you feel you stand at the present time?" The advantage of this self-anchoring, equal-interval appearing method is that it taps the reality world in which one lives,,a picture expressed by one in his own terms (Cantril, 1965:21). It asks the respondent to define the situation as he sees, experiences, and evaluates it. According to Bloom (1975) this type of method decreases investigator bias, and allows the individual to rate his life relative to his own values. The median life satisfaction score was 7.6 among both males and females.

B. Health Satisfaction

Health satisfaction was also measured by Cantril's self-anchoring method (Cantril, 1965). The interviewer stated, "Suppose that the top of the ladder represents the most satisfied that you can be. How satisfied are you with your present health?" The median health satisfaction score was 6.0 (5.5 among males and 6.2 among females).

C. Self-Rated Health

Cantril's self-anchoring method again was used to measure self-rated health. The interviewer stated, "Suppose that the top of the ladder represents perfect health for you. Where on the ladder do you feel you stand at the present time?" The median score was 5.5 (6.8 among males and 5.2 Among females).

D. Leisure Satisfaction

Leisure satisfaction was measured by a two-item, ordinal-level scale (Orthner, 1974). The respondent was asked, "How do you generally feel about the way you spend your available free time?" Possible response choices were "very satisfied, satisfied, average, unsatisfied, and very unsatisfied" (scored 0 to 5, for very satisfied). They were then asked, "Would you say that your present recreational pattern meets you needs?" Possible response choices were:"yes, very much; yes, to a degree; not sure; no, some changes; and no, a great deal of change is needed" (scored 0 to 5, for yes, very much). The correlation between the two items was .64 ($p \leq .001$). Each item correlated .91 with the overall leisure satisfaction score (the summation of the two items). This overall leisure satisfaction score correlated substantially better with life satisfaction than did either of

the items separately. The median leisure satisfaction score was 8.2 (7.9 among males and 8.3 among females).

Analysis

Zero-order correlations and partial correlations (controlling for self-rated health) were employed to ascertain the degree to which life satisfaction was related to leisure satisfaction and health satisfaction. Self-rated health was controlled because of the high correlation between life satisfaction and self-rated reported in the literature (Edwards and Klemmack, 1973; Spreitzer and Snyder, 1974; Palmore and Kivett, forthcoming), and we wished to test the effects of leisure and health satisfaction rather than actual health rating. In addition, a step-wise multiple regression was used to note the relative contributions of leisure satisfaction, self-rated health, and health satisfaction to life satisfaction.

RESULTS

Table 1 indicates that all correlations (r) between the variables

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Insert Table 1 About Here

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are significant and positive. The partial correlations (holding self-rated health constant) between life satisfaction and leisure satisfaction was .40 ($p \leq .001$), and .17 (n.s.) between life satisfaction and health satisfaction. However, it is noteworthy that upon analyzing gender differences the associations are distinctly different. Among males the partial r between life satisfaction and leisure satisfaction was .10 (n.s.) and -.03 between life satisfaction and health satisfaction; while among females partial r's were .46 ($p \leq .001$) between life satisfaction and leisure satisfaction and .17 (n.s.) between life satisfaction and health satisfaction. Given the small

number of males (16) in this study there may be some question as to the usefulness of citing gender differences. These differences are mentioned since there exists a considerable gap in the gerontology literature with regard to gender differences (see Abrahams, Hoyer, Elias and Bradigan, 1975). The present findings may indicate that leisure satisfaction is more important to life satisfaction among females than among males.

Table 2 indicates that of the variables presently under study, leisure

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Insert Table 2 About Here

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satisfaction is the strongest predictor of life satisfaction, followed by self-rated health, and lastly by health satisfaction.

SUMMARY

The data generally indicate strong positive correlations among life satisfaction, leisure satisfaction, health satisfaction and self-rated health. The greater one's satisfaction with his use of discretionary time, the greater overall life satisfaction (even after health-rating is controlled). To a far lesser extent, the greater one's health satisfaction, the greater overall life satisfaction. And, consistent with the previous literature, the higher one's self-rated health, the greater overall life satisfaction.

The relationship between life satisfaction and leisure satisfaction is a new finding with important implications. While further research is needed with regard to this relationship, these results potentially have significance for those delivering services to the elderly.

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TABLE 1: Zero-Order Correlations Among the Primary Variables

	Health Satisfaction	Self-Rated Health	Leisure Satisfaction
Life Satisfaction	.30*	.33*	.45**
Leisure Satisfaction	.38**	.30*	
Self-Rated Health	.43**		

*$p \leq .01$
**$p \leq .001$

TABLE 2: Step-Wise Multiple Regression Among Various Contributors to Life Satisfaction

Variable	Multiple R	Proportion of Variance Explained
Leisure Satisfaction	.456	.208
Self-Rated Health	.501	.251
Health Satisfaction	.504	.254